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I hereby certify that I attended the birth of above child; and that it occurred on Sept 26 1915, at 3 9 M.
 *When there is no attending physician or midwife, then the householder should make this return.
 Given or christian name added from a supplemental report 191
167-925-936
 COUNTY REGISTRAR.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
County of <u>Yuma</u>	BUREAU OF VITAL STATISTICS <u>137</u>	State Index No. <u>909</u>	
District of <u>Globe</u>	ORIGINAL CERTIFICATE OF BIRTH		Co. Register No. <u>259</u>
Town of _____			Local Registrar's No. _____
or _____			
City of <u>Globe</u>	(No. _____)	St. _____	Ward _____
FULL NAME OF CHILD <u>Adelina Fernandez</u>		Born <u>YES</u>	Alive <u>NO</u>
If child is not named, make Supplemental Report on blank obtainable from local registrar.			
Sex of Child <u>F</u>	Twin, Triplet or other <u>\</u>	and <u>6</u>	Number in order of birth <u>6</u>
Legitimate? <u>Yes</u>	Date of Birth <u>Sept 25</u>	(Month) (Day) (Yr.)	<u>1915</u>
FATHER		MOTHER	
Full Name <u>Ezequiel Fernandez</u>		Full Maiden Name <u>Rebecca Canavo</u>	
Residence <u>Bone St</u>		Residence <u>Bone St</u>	
Color or Race <u>Mex</u>	Age at last Birthday <u>36</u>	Color or Race <u>Mex</u>	Age at last Birthday <u>31</u>
(Years)		(Years)	
Birthplace <u>Mexico</u>		Birthplace <u>Mexico</u>	
Occupation <u>Minister</u>		Occupation <u>Housewife</u>	
Number of child of this mother <u>6</u>	Number of children, of this mother, now living <u>6</u>	Were precautions taken against Ophthalmia neonatorum? <u>Yes</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on Sept 26 1915, at 3 9 M.

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(Signature) R. D. Kennedy
(Attending physician, midwife, householder.)

Given or christian name added from a supplemental report 191

Address Globe

Filed 167-925-936 1915

R. G. Fox

LOCAL REGISTRAR.

Filed 167-925-936 1915

A True Copy

R. G. Fox

COUNTY REGISTRAR.